

*Cancer Prevention and Care
in South Carolina:*

A Plan for Action

1999 – 2004



South Carolina
Cancer Prevention and Control

***T**his report is dedicated to the people of South Carolina who have given thousands of hours, in clinics and in boardrooms, to close the gap between who lives and who dies of cancer, and it is dedicated to those we have yet to reach.*



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Tobacco barn, Darlington County, SC, fall 1989

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Cancer Prevention and Care in South Carolina

Cancer claims more lives every year in South Carolina than accidents, suicides and homicides combined. *Cancer Prevention and Care in South Carolina, 1999-2004*, was developed under the direction of the South Carolina Cancer Control Advisory Committee (CCAC), to assess where we stand with cancer in this state and guide us to where we need to be by the year 2004. The Cancer Control Advisory Committee, which joins together representatives from hospitals, physician's organizations, volunteer organizations, universities, research centers, and hospice centers, is an advisory group to the Department of Health and Environmental Control Cancer Program.

South Carolina's cancer prevention and care program has roots that go back 60 years. In 1939, the SC State Board of Health joined with the South Carolina Medical Association (SCMA) in a cooperative plan to provide health services to indigent people with cancer. In 1941, the legislature made the first of continuing annual appropriations. Private physicians volunteered their time and work. This unique collaboration was originally known as the South Carolina Cancer Program and later evolved into the State-Aid Cancer Program.

A Cancer Clinic Advisory Committee has made recommendations for the policy and procedures of the state cancer clinics since the beginning of the program. In 1987, the committee's name was changed to the SC Cancer Control Advisory Committee and its role was expanded to address

a comprehensive cancer program for South Carolina. A long-range cancer plan was developed, with a central goal — to establish a South Carolina Cancer Registry, a surveillance tool which South Carolina desperately lacked.

The SC Central Cancer Registry

Funding for a SC Central Cancer Registry (SCCCR) came in 1994 with a grant from the Centers for Disease Control. State legislation establishing the SCCCR was signed into law in June, 1996. The passing of this legislation, while spearheaded by DHEC, was truly a collaboration of DHEC, the SC Medical Association, the SC Hospital Association, and the American Cancer Society, along with health care facilities, and physicians from throughout South Carolina, all with an interest in and commitment to cancer reporting.

DHEC and the American Cancer Society

A second goal of the original cancer plan was to address the devastating impact of breast and cervical cancer. This goal was realized in 1991, when South Carolina became one of the first four states to receive CDC funds to provide comprehensive breast and cervical cancer screening services to low-income, underserved

women. The South Carolina Breast and Cervical Cancer Detection Program pioneered a collaboration between DHEC Cancer and the South Carolina Chapter of the American Cancer Society — the first partnership of its kind in the country.

The American Cancer Society and the DHEC Cancer Program have worked hand-in-hand to reach women in every county in the state. This partnership, known state-wide as the Best Chance Network, has provided over 55,000 screenings to underserved women in South Carolina.

Cancer Prevention and Care, 1999-2004

Because the goals of the first five-year plan were completed in 1994, the Cancer Control Advisory Committee began to develop a second five year plan to guide the direction and focus of cancer prevention and care in the state. *Cancer Prevention and Care in South Carolina, 1999-2004* is the result of those efforts. Writers included experts from throughout South Carolina who volunteered their time and energy to this project. This report is divided into eight chapters with the final section of this report describing the goals and objectives set forth for the next five years.

Overall Goals

Collaboration and Partnerships. Develop partnerships with the health care community, the private sector, research centers, and community organizations to build a comprehensive cancer program which will reach all South Carolinians.

Access to Cancer Care. Ensure that all South Carolinians have access to a full range of quality cancer care, including preventive care, treatment, and palliative care.

Surveillance. Establish a comprehensive cancer surveillance system for South Carolina.

Prevention/Tobacco. Decrease the rate of tobacco use among South Carolinians.

Prevention/Nutrition. Promote dietary habits which are known to prevent cancer.

Prevention/Skin Cancer. To reduce overexposure to the sun for both children and adults.

Detection. Increase the use of colorectal, breast, and cervical cancer screening and ultimately, reduce the number of lives lost to cancer in South Carolina.

Prostate Cancer Detection. Give men the education and support they need to make individual decisions regarding prostate cancer testing.

Cancer Genetics. Monitor the growing field of Genetic Risk Assessment and develop public policies and strategies in response to this rapidly changing field.

Cancer and the Environment. Monitor the impact of the environment on the health of South Carolinians and provide public education on cancer and the environment in South Carolina.



The ability to even begin to implement this plan is contingent on partnerships and collaborations with the medical community, the research community, and the private sector. These goals are both ambitious and idealistic — but so was the concept, almost sixty years ago, to ask private physicians to give their time for free to poor people with cancer. This report is dedicated to the people of South Carolina who have given thousands of hours, in clinics and in boardrooms, to try to close the gap between who lives and who dies of cancer, and it is dedicated to those we have yet to reach.